AUGUST 1991 Page 1 OMB No.: 0938-STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT IIAWAH INCOME ELIGIBILITY LEVELS A. MANDATORY CATEGORICALLY NEEDY 1. AFDC-Related Groups Other Than Poverty Level Pregnant Women and Infants: Maximum Payment Payment Standard Family Size Need Standard Amounts 100% of Federal 62.5% of Federal 62.5% of Federal Poverty Level Poverty Level for Poverty Level for for a family of a family of a family of applicable size. applicable size. applicable size. (Percentages refer to Federal poverty levels as revised annually in the Federal Register.) كميرم 2. Pregnant Women and Infants under Section 1902(a)(10)(i)(IV) of the Act: Effective April 1, 1990, based on the following percent of the official Federal income poverty level-- \sqrt{X} 185 percent (no more than 185 percent) / / 133 percent (specify) Family Size Income Level *Amount equal to 185% of the federal poverty level for a family of applicable size, as revised annually in the Federal Ju 5___ Register.

SUPPLEMENT 1 TO ATTACHMENT 2.6-A

Revision: HCFA-PM-91-4

(BPD)

TN No. 91-21				10 /22 /22
Supersedes TN No.	Approval Dat	te <u>10/13/92</u>	Effective Date	10 /01/91
IN NO.			HCFA ID: 7985	5E

STATE	PLAN	UNDER	TITLE	XIX	OF	THE	SOCIAL	SECURITY	ACT
State:		HAWA	AII .	···				~	

INCOME ELIGIBILITY LEVELS

- A. MANDATORY CATEGORICALLY NEEDY (Continued)
 - 3. For children under Section 1902(a)(10)(i)(VI) of the Act (children who have attained age 1 but have not attained age 6), the income eligibility level is 133 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.
 - 4. For children under Section 1902(a)(10)(i)(VII) of the Act (children who were born after September 30, 1983 and have attained age 6 but have not attained age 19), the income eligibility level is 100 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.

TN No. 92-15Supersedes Approval Date 10/29/92 Effective Date 7/1/92TN No. 91-21

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	STATE PLAN U	NDER TITLE XIX	OF THE SOCIAL SE	CURITY ACT
	State:	IIAWAH		
	INCO	ME ELIGIBILITY	LEVELS (Continue	<u>d)</u>
	NAL CATEGORICALI TY LEVEL	Y NEEDY GROUP	S WITH INCOMES REI	ATED TO FEDERAL
1. <u>Pr</u>	egnant Women and	<u> Infants</u>		
pre	egnant women and	i infants unde	me eligibility for r the provisions o l)(2) of the Act a	optional groups of sections are as follows:
Ba: (n	sed on $\frac{185}{133}$ polynomial	ercent of the percent and n	official Federal i o more than 185 pe	ncome poverty level ercent).
	Family S	ize	Income Level	
	1		\$ <u>*</u>	*Amount equal to 185% of the federal
	2		\$ <u>*</u>	poverty level for
	3		\$ <u>*</u>	a family of appli- cable size, as revised
	4		\$ <u>*</u>	annually in thew.
•	5		\$ <u>*</u>	Federal Register.
•				

TN No. 91-21
Supersedes Approval Date 10/13/92 Effective Date 10/01/91
TN No. _____

HCFA ID: 7985E

Ne v I b I c	AUGUST	1991	(515)		Page 4 OMB No.:	0938-			
	STAT	E PLAN UND	ER TITLE	XIX OF	THE SOCIA	L SECURI	TY ACT		
	State:		HAWAII						
		INCOME	ELIGIBII	ITY LEV	ELS (Cont	inued)			
	FIONAL CATE VERTY LEVEL		NEEDY GR	OUPS WI	TH INCOMES	RELATE	TO FEDE	RAL	
2.	Children E	etween Age	es 6 and	<u>8</u>					
	The levels who are boage but ar 1902(1)(2)	rn after : e under 8	September years of	30, 19 age un	83 and who der the pi	have at	ttained 6	years c)f
	Based on _ Federal in	100 ncome pove	_ percent rty line.	(no mo	re than 10	0 percer	nt) of the	e offici	al
	· <u>F</u>	amily Size	2		Income Le	vel			
		1 2 3 4 5 6 7 8 9			\$ * * * * * * * * * * * * * * * * * * *	100 pov fam siz ann	unt equal % of the erty leve ily of ap e, as revoually in leral Regi	federal l for a plicable rised the	
TN No. Superse TN No.		Approval	Date1	0/13/92			ate10_ 085E	/01./91	_

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STATE	PLAN	UNDER	TITLE	XIX	of	THE	SOCIAL	SECURITY	ACT
State:		HAW	AII						

INCOME ELIGIBILITY LEVELS (Continued)

3. Aged and Disabled Individuals

The levels for determining income eligibility for groups of aged and disabled individuals under the provisions of section 1902(m)(3) of the Act are as follows:

Based on 100 percent of the official Federal income poverty line.

Family Size	Income Level
_1	\$
	\$ <u>*</u>
3	\$ <u>*</u>
4	\$ <u>*</u>
_5	\$ <u>*</u>

If an individual receives a title II benefit, any amount attributable to the most recent increase in the monthly insurance benefit as a resultofa title II COLA is not counted as income during a "transition period" beginning with January, when the title II benefit for December is received, and ending with the last day of the month following the month of publication of the revised annual Federal poverty level.

For individuals with title II income, the revised poverty levels are not effective until the first day of the month following the end of the transition period.

For individuals not receiving title II income, the revised poverty levels are effective no later than the beginning of the month following the date of publication.

*Amount equal to 100% of the federal poverty level for a family of applicable size and updated annually as published in the Federal Register.

TN No. 92-15 Supersedes TN No. 91-21	Approval Date	10/29/92	Effective Date	7/1/92
IN NO. 91-21			HCFA ID:	7985 E

Revision	: HCFA-PM-91-4 AUGUST 1991	(BPD)	SUPPLEMENT 1 TO ATTACHMENT 2.6-Page 6 OMB No.: 0938-	-A
	STATE PLAN	UNDER TITLE XIX	OF THE SOCIAL SECURITY ACT	
	State:	HAWAII		
	IN	COME ELIGIBILITY	LEVELS (Continued)	
C. QUAL LEVE		BENEFICIARIES WI	TH INCOMES RELATED TO FEDERAL POVE	RTY
Medi		ries under the pr	eligibility for groups of qualified covisions of section 1905(p)(2)(A)	
1. <u>NON-</u>	SECTION 1902(f)	STATES		
a. Base leve		ving percent of t	he official Federal income poverty	
Eff.	Jan. 1, 1989:	∠/ 85 percent	percent (no more than	100)
Eff.	Jan. 1, 1990:	<u> </u>	percent (no more than	100)
Eff.	Jan. 1, 1991:	100 percent		
Eff.	Jan. 1, 1992:	100 percent		
b. Leve	ls:			
	<u>Family</u>	Size	Income Levels	
			*Amount equal to 100 of the federal pove level for a family applicable size; as revised annually in Federal Register.	rty of
TN No Supersed TN No	91-21 es Appro	oval Date <u>10/13</u> /	<u>'92</u> Effective Date <u>10 /01/91</u>	

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SUPPLEMENT 1 TO ATTACHMENT 2.6-A Revision: HCFA-PM-91-4 (BPD) AUGUST 1991 Page 7 OMB No.: 0938-STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State: HAWAII INCOME ELIGIBILITY LEVELS (Continued) C. QUALIFIED MEDICARE BENEFICIARIES WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL 2. SECTION 1902(f) STATES WHICH AS OF JANUARY 1, 1987 USED INCOME STANDARDS MORE RESTRICTIVE THAN SSI Based on the following percent of the official Federal income poverty Eff. Jan. 1, 1989: $\sqrt{7}$ 80 percent \sqrt{X} 100 percent (no more than 100) Eff. Jan. 1, 1990: $\sqrt{1}$ 85 percent $\sqrt{1}$ 100 percent (no more than 100) Eff. Jan. 1, 1991: $\sqrt{}$ 95 percent \sqrt{x} 100 percent (no more than 100) Eff. Jan. 1, 1992: 100 percent b. Levels: Family Size Income Levels *Amount equal to federal poverty level for a family of applicable size, as revised annually w in the Federal Register.

TN No. 91-21 Supersedes TN No.	Approval D	Date	10/13/92	Effective	Date 10/01/91
IN NO.				HCFA ID:	7985E

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(BPD)

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

	State: '	HAWAII	······	
D. MED	DICALLY NEEDY	INCOME LEVELS (C	ontinued)	
x	Applicable to	all groups.	Applicable to a those specified group income le listed on an at	
(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for one months	Amount by which Column (2) exceeds limits specified in 42 CFR 435.10071/	Net income level for persons living in rural areas for months	Amount by which Column (4) exceeds limits specified in 42 CFR 435.10071/
	urban & rural			
1	\$ 418	<u> </u>	\$	
2	\$ 565	<u> </u>	s	7
3	\$ 712	\$	<u> </u>	>
4	\$ 859	\$		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
_For eaddi- tional person, add: pay	\$ The agency has me	\$ ethods for excluding malf of individuals	\$ g from its claim fo whose income excee	s or FFP
TN No. Superso		val Date <u>10/28/93</u>	Effective Dat	

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SUPPLEMENT 1 TO ATTACHMENT 2.6-A

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: HAWAII

INCOME LEVELS (Continued)

D. MEDICALLY NEEDY

(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for onemontha	Amount by which Column (2) exceeds limits specified in 42 CFR 435.10071/	Net income level for persons living in rural areas for months	Amount by which Column (4) exceeds limits specified in 42 CFR 435.10071/
	urban & rural		•	
5	\$ 1,006	\$	\$	\$
6	\$ 1,153	\$.	<u> </u>
7	\$ 1,300		\$	\$\$
8	\$ 1,446	\$	\$	
9	\$ 1,593	\$	<u> </u>	\$
10	\$ 1,740	<u> </u>	\$	<u> </u>
For eac addi- tional person, add:	h (after 15 person	s)	\$	<u> </u>

 $^{1\prime}$ The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

TN No. 93-007 Supersedes TN No. 92-14	Approval Date	10/28/93	Effective Date	07/01/93
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D. MEDICALLY NEEDY (Continued)

(1)	(2)	(3)
Family Size	Net Income Level	Amount by which Column (2) exceeds
11	\$1,887	
12	2,034	
13	2,181	
14	2,328	
15	2,475	